

SOLID MATERIAL ANALYSIS REQUEST FORM

PLEASE COMPLETE ALL APPLICABLE INFORMATION

PWS Name :	PWS #:		
Mailing Address:			
City:	State:	Zip:	
Attention:	Phone:		
Email:	Fax:		
Additional copy of report sent to:			
Address:	City:	State:	Zip:
Collector (if different than above):	Date Collected:	Time Collected:	
Sample ID:	Sample Location:		



Idaho Bureau of Laboratories
2220 Old Penitentiary Rd.
Boise, ID 83712
208-334-2235
EPA No. ID00018

Analysis Requested

(ADDITIONAL FEES WILL BE ASSESSED FOR SAMPLES REQUIRING SPECIAL PREPARATION OR HANDLING PROCEDURES)

- | <input type="checkbox"/> Metals Digestion Fee | <input type="checkbox"/> Biological Tissue Prep | <input type="checkbox"/> Special Handling Fee |
|---|---|---|
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Copper | <input type="checkbox"/> Selenium |
| <input type="checkbox"/> Antimony | <input type="checkbox"/> Iron | <input type="checkbox"/> Silver |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Lead | <input type="checkbox"/> Sodium |
| <input type="checkbox"/> Barium | <input type="checkbox"/> Magnesium | <input type="checkbox"/> Strontium |
| <input type="checkbox"/> Beryllium | <input type="checkbox"/> Manganese | <input type="checkbox"/> Thallium |
| <input type="checkbox"/> Cadmium | <input type="checkbox"/> Mercury | <input type="checkbox"/> Tin |
| <input type="checkbox"/> Calcium | <input type="checkbox"/> Molybdenum | <input type="checkbox"/> Vanadium |
| <input type="checkbox"/> Cobalt | <input type="checkbox"/> Nickel | <input type="checkbox"/> Zinc |
| <input type="checkbox"/> Chromium | <input type="checkbox"/> Potassium | |

TCLP (RCRA) / Hazardous Materials

- | | |
|--|---|
| <input type="checkbox"/> Total 8 RCRA Metals | <input type="checkbox"/> TCLP 8 RCRA Metals |
| <input type="checkbox"/> Flashpoint | <input type="checkbox"/> pH (Hazardous Materials) |

WET CHEMISTRY ANALYSES

- | | | |
|---|--|---|
| <input type="checkbox"/> Ammonia | <input type="checkbox"/> Fluoride | <input type="checkbox"/> O-Phosphate as P |
| <input type="checkbox"/> Chemical Oxygen Demand | <input type="checkbox"/> Total Nitrate + Nitrite | <input type="checkbox"/> Silica |
| <input type="checkbox"/> Chloride | <input type="checkbox"/> Total Kjeldahl Nitrogen (TKN) | <input type="checkbox"/> Sulfate |
| <input type="checkbox"/> Cyanide, Total | <input type="checkbox"/> pH | |
| <input type="checkbox"/> Cyanide, WAD | <input type="checkbox"/> Phosphorus, Total | |

Other Requested Tests or Comments: _____

LABORATORY USE ONLY

Lab Order ID : _____	Preservatives Used: _____	Temperature: _____
Number of Bottles / Sample: _____	Type of Container(s): _____	Number of Samples / Order: _____
Date Received: _____	Received By: _____	Lab Sample #: _____